



PATENT
Attorney Docket No. BDE-001CN (431/6)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Mundy et al.

SERIAL NO.: 09/662,737

GROUP NO.: 2161

FILED: 9/15/2000

EXAMINER: Not yet assigned

TITLE: A SYSTEM FOR AGGREGATING INFORMATION FROM ENTERPRISES
OFFERING ITEMS FOR EXCHANGE OVER A COMMUNICATION NETWORK

Office of Initial Patent Examination
Customer Service Center
Assistant Commissioner for Patents
Washington, DC 20231

REQUEST FOR CORRECTED FILING RECEIPT

- Attached is a copy of the official filing receipt received from the Patent Office for the above-identified application for which issuance of a corrected filing receipt is respectfully requested.
- There is an error with respect to the following data, which is:

☒ incorrectly entered

and/or

☐ omitted

Error In

Correct Data

- ☐ Applicant's name
- ☐ Applicant's address
- ☒ Title

1.

2.

3.

- ☐ Filing Date
- ☐ Serial Number
- ☐ Foreign/PCT Application Re:
- ☒ Other: Attorney Docket No.

4.

5.

6.

7.

A SYSTEM FOR AGGREGATING INFORMATION
FROM ENTERPRISES OFFERING ITEMS FOR
EXCHANGE OVER A COMMUNICATION
NETWORK

BDE-001CN (431/6)

Respectfully submitted,

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Date: January 22, 2001
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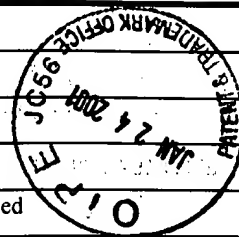
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Receipt

TRANSMITTAL
FORM

Application Serial Number	09/662,737
Filing Date	9/15/2000
First Named Inventor	Mundy
Group Art Unit	2161
Examiner Name	Not yet assigned
Attorney Docket No.	BDE-001CN (431/6)
BATCH NO. (after allowance)	Not applicable
Patent No.	Not applicable
Issue Date	Not applicable



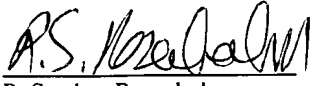
ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets:] <input type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) Request for Corrected Filing Receipt TC 2100 MAILROOM MAR 14 2001 RECEIVED
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/662,737	09/15/2000	2161	0	BDE-001CN (413/6) (431/6)	13	46	4

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FILING RECEIPT



OC000000005494893

Date Mailed: 10/23/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

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Continui Data as Claimed by Applicant

THIS APPLICATION IS A CON OF 09/428,702 10/27/1999
WHICH CLAIMS BENEFIT OF 60/154,667 09/16/1999

No Docketing Necessary

Foreign Applications

TM

Administrator

10-30-00

Date

If Required, Foreign Filing License Granted 10/21/2000

Reviewed & Approved

Title

Resp. Atty

Date

A SYSTEM FOR AGGREGATING INFORMATION FROM ENTERPRISES OFFERING ITEMS
FOR EXCHANGE OVER A COMMUNICATION NETWORK

Preliminary Class

705



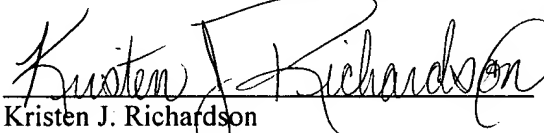
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COMMUNICATION NETWORK.

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Assistant Commissioner for Patents, Washington, DC 20231 on this 22 day of January, 2001.


Kristen J. Richardson

Office of Initial Patent Examination
Customer Service Center
Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Submitted herewith is/are:

1. Transmittal Form (1 page)
2. Request for Corrected Filing Receipt (1 page)
3. Copy of the Nonprovisional Patent Application Filing Receipt (1 page)
4. Return Receipt Postcard

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